

Michigan Department of Education/Office of Special Education and Early Intervention Services
Individualized Education Program Team (IEPT) Addendum
Proposed Manual Insertion

Student Information

Student Name _____	Birthdate _____	Date _____
Date of Current IEP Being Modified _____	School _____	Student ID _____

- Student Name – Fill in student name.
- Birthdate – Write the month, day, and year.
- Date – Indicate the date of the IEP Team Addendum meeting (month, day, year).
- Date of Current IEP Being Modified – Indicate the month, day, and year of the current IEP.
- School – Write the name of the school building the student attends.
- Student ID – Indicate a locally useful student ID number for central registry and record keeping. For everyday users of the Michigan Compliance Information System (MI-CIS) the number should be the MI-CIS ID so that the IEP Addendum can be easily linked to MI-CIS.

Purpose

An addendum may be used to make minor changes to a current IEP. The purpose of this IEP addendum is: <i>(Check all that apply)</i>	
<input type="checkbox"/>	Adding, modifying, or deleting instructional goals and objectives.
<input type="checkbox"/>	Modifying the amount of time in the current program.
<input type="checkbox"/>	Adding, modifying, or deleting related services or provisions related to supplementary aids/services, assessment, or transportation.
<input type="checkbox"/>	Other _____

The purpose of the IEP Addendum is to **make minor changes** to the IEP during the year it is in effect. If substantial or comprehensive changes need to be made to a student's IEP, an IEP Team meeting should be convened to develop a new, complete IEP Team Report. The IEP Addendum **may not** be used for the following purposes:

- To determine or redetermine any special education eligibility,
- To change the **type of program** for the student,
- To exit the student from special education.

Participant Signatures

Student _____	Parent/Guardian _____
General Ed Teacher _____	Eval Team Rep _____
Special Ed Provider _____	Public Agency Rep _____
Other _____	Other _____

All individuals who attend the IEP Team Addendum meeting must be listed on the IEP Addendum. **Required** IEP Team members **must be** present at the meeting when the IEP Addendum is developed.

Rationale/Present Level of Educational Performance

Briefly state the reason that an addendum to this student's IEP is needed. If services and goals are to be added, update the statement regarding this student's present level of educational performance . Include enough detail to determine a starting point for instruction. <i>(Attach any new goal pages behind this page.)</i>	

<input type="checkbox"/>	In developing this IEP Addendum, the IEP Team members have considered the student strengths, parent concerns, the results of recent evaluations and assessments as well as the need for program accommodations/modifications due to special factors as listed on the current IEP.

IEP Modifications

PROGRAMS OR SERVICES				
<u>Program/Service</u>	<u>Rule Number</u>	<u>Amount of Time</u>	<u>Frequency</u>	<u>Location</u>
_____	R 340. _____	_____ per _____	_____ times per _____	_____
_____	R 340. _____	_____ per _____	_____ times per _____	_____
List any service(s) to be deleted here: _____				

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Record the type of special education programs and related services to be modified by the IEP Addendum. Include the title, rule number, amount of time and frequency, and location.

ACCOMMODATIONS/SPECIAL PROVISIONS/ /SUPPLEMENTARY AIDS/ SERVICES/ PERSONNEL SUPPORT	FREQUENCY	LOCATION

Note any change in accommodations, special provisions, supplementary aids, services, and personnel supports for school personnel that are provided in regular education classes or other education-related settings to enable students with disabilities to be educated with students who are nondisabled. Include the frequency and location.

Special Transportation: <input type="checkbox"/> No <input type="checkbox"/> Yes, specifics: _____

Transportation as a special education related service is addressed in a dedicated space on this form apart from other special education related services. If a change in transportation is being addressed through the IEP Addendum: If special transportation is needed, check "Yes" and describe the specifics of service provided, e.g.: regular bus (describe accommodations), special bus (describe accommodations), wheelchair lift bus, reimbursed personal transportation, etc. If special transportation is being eliminated, check "No" and describe the specifics of why it is no longer necessary.

Assessment:

The student will participate in the following assessment(s) (see Section 9 of the IEP Manual): _____

Many different issues must be considered when determining what state- and district-wide assessments are appropriate. The following are some issues the IEP Team should take into consideration.

- Decisions regarding a student's participation in the Michigan Educational Assessment System and if the student needs assessment accommodations must be made on a case-by-case basis by the IEP Team and must involve timely communication with the student's parents. When considering what assessment accommodations are appropriate when taking the MEAP assessments, the IEP Team should refer to the *Guidelines for Participating in State Assessment for Students with Disabilities* for accommodations. The guidelines provide a list of standard and nonstandard accommodations approved by the Michigan Merit Award Board.

The IEP Team must be aware of the consequences to the student and to the school when deciding the student needs to use nonstandard accommodations when administered state assessments.

- Consider the academic demands of the test with the student's specific disability and instructional program in mind. Selection of appropriate assessment accommodations is facilitated by a review of the student's current instructional accommodations and a clear understanding of what the test measures. Different assessment accommodations may be required for different types of tests.

Commitment Signatures

The district agrees with the IEP Addendum and its implementation. Unless noted otherwise, the Addendum will begin on: _____ The duration of this addendum is the duration of the current IEP unless prior to that date and specified here: _____	
District Representative _____	Date _____
I, as parent/guardian/student , 1) understand the plan contents, and 2) have been fully informed of my procedural rights. (Notice requirements attached): <i>(Choose one)</i> <input type="checkbox"/> Agree with the IEP Addendum and its implementation. <input type="checkbox"/> Do not agree with the IEP Addendum and desire the current IEP to remain in effect.	
Parent/Guardian/Student _____	Date _____

- Complete the beginning date for the IEP Addendum (month, day, year).
- Indicate the month, day, and year if the ending date of the IEP Addendum is prior to that of the current IEP.
- The IEP Addendum **does not** reset the due date for the next annual IEP Review.
- The district representative must sign and date.
- Notice requirements are found on the back of the IEP Team Addendum Form.